

Date	Last Name	First Name	AHCCCS ID #	DOB	Age
Primary Care Provider	PCP ph. #	Health Plan	Accompanied by (name)	Relationship	

NICU: <input type="checkbox"/> yes <input type="checkbox"/> no	PEDS <input type="checkbox"/> yes <input type="checkbox"/> no	PEDS Pathway:	Vision Chart Exam OD OS OU			Allergies:	Temp:	Pulse:	Resp:	B/P	
Hearing Screening <input type="checkbox"/> Unable to perform			Corrected <input type="checkbox"/> yes <input type="checkbox"/> no			Wt:	%	BM I:	%	Ht:	%
Rt. <input type="checkbox"/> pass <input type="checkbox"/> refer Lt. <input type="checkbox"/> pass <input type="checkbox"/> refer			<input type="checkbox"/> Unable to perform								
Speech: age appropriate <input type="checkbox"/> yes <input type="checkbox"/> no			Medications:								

PARENTAL CONCERNS/HISTORY:

DENTAL SCREEN: ☒ INDICATES GUIDANCE GIVEN: ☐ Brushing 2x /Flossing daily ☐ Dental appointment ☐ White spots on teeth

NUTRITIONAL SCREEN: ☒ INDICATES GUIDANCE GIVEN: ☐ Nutritionally balanced diet ☐ Junk food ☐ Soda/Juice
☐ Over weight ☐ Activity ☐ Supplements

DEVELOPMENTAL SCREEN: ☒ INDICATES ACCOMPLISHMENTS ☐ Recognizes most letters/shapes/numbers to 10 ☐ Recognize/identify some letters and phonic sounds ☐ Sorts and counts up to 5 objects ☐ Holds pencil ☐ Cuts with scissors ☐ Cooperates more in group setting ☐ Runs/skips/jumps ☐ Begins to agree with rules ☐ Can button and zip clothing independently ☐ Goes to bathroom independently ☐ Likes to sing/dance/act ☐ Knows address ☐ Plays board games ☐ Dictates story to adults ☐ Listens to authority figure and follows instructions ☐ Other

AGE APPROPRIATE EDUCATION AND GUIDANCE: ☒ INDICATES GUIDANCE GIVEN: ☐ Sport/bike helmet use ☐ Drowning prevention ☐ Emergency 911 ☐ Sun safety ☐ Safe at home ☐ Nutrition/exercise ☐ Street safety ☐ Discipline/redirect ☐ Reading ☐ School readiness ☐ Set only 3-5 rules for your child ☐ Car seat <40 lbs/belt positioning booster seat <4'9"/air bags ☐ Other

BEHAVIORAL HEALTH SCREEN: ☒ INDICATES OBSERVED BY CLINICIAN/PARENT REPORT ☐ Family adjustment/parent responds positively to child ☐ Self calming ☐ Communication/language ☐ Pediatric Symptom Checklist ☐ Shows empathy for others ☐ Wants to please & be with friends ☐ Positive about self & abilities ☐ Tells stories of convenience(lying) ☐ Other

COMPREHENSIVE PHYSICAL EXAM:

	WNL	Abnormal (see notes below)		WNL	Abnormal (see notes below)
Skin/Hair/Nails			Lungs		
Eyes/Vision			Abdomen		
Ear			Genitourinary		
Mouth/Throat/Teeth			Extremities		
Nose/Head/Neck			Spine		
Heart			Neurological		

ASSESSMENT/PLAN/FOLLOW UP

LABS ORDERED: ☒ INDICATES ORDERED ☐ Hgb/Hct ☐ Urinalysis (to be completed at 5 years) ☐ TB skin test (if at risk)
☐ Other ☐ Blood Lead Test (perform at 36 – 72 months if not already done)

IMMUNIZATIONS: ☒ INDICATES ORDERED ☐ Pt. Needs immunization today ☐ Delayed/Deferred ☐ Parent refuses ☐ Other reason
☐ Had chicken pox ☐ HepA ☐ HepB ☐ MMR ☐ Varicella ☐ DTaP ☐ IPV ☐ Influenza ☐ Other

REFERRALS: ☒ INDICATES REFERRED ☐ CRS ☐ WIC ☐ DDD ☐ ALTCS ☐ PT ☐ OT ☐ Audiology ☐ ST
☐ Developmental ☐ Behavioral ☐ Dental ☐ Specialty

Date/Time Clinician name (print) Clinician Signature See Additional Supervisory note ☐ Yes ☐ No